

after the fashion of Malgaigne's operation for hare-lip. By this means a lengthening and broadening of the uvula is affected, and at the same time a moderate degree of elongation of the soft palate. The rest of the operation is carried on after the method of Langenbeck, excepting that in all cases the nasal mucous membrane is cut through transversely at the posterior border of the hard palate. The movability of the hard palate is thereby greatly increased. The sutures are applied with Küster's swan needle holder, by which the operation can be completed in half an hour. The introduction of tampons into the lateral cuts should be avoided as much as possible, because they often are the cause of a broad lateral opening between the mouth and nose. When they have to be introduced on account of hæmorrhage, they should be removed after a few hours.

He does not believe in early operation, but regards the sixth and seventh years as the best time for operation.—*Verhandlungen der deutschen Gesellschaft für Chirurgie*, XXII Kongress, 1893.

#### IV. The Functional Results of Early Urano-plasty.

By Dr. JULIUS WOLFF (Berlin). Wolff presented to the German Surgical Society a seven-year-old lad in whom he had performed the operation for cleft palate at the age of thirteen months. Two months after the operation the talking exercises by Gutzmann were begun. He can now speak perfectly clearly and without a nasal accent.

Another boy operated on at the age of fifteen months, who also pursued the exercises of Gutzmann, showed an absolutely perfect result. He also obtained as good result in a child operated on at the age of four months.

Early operations for cleft palate, according to the opinion of surgeons before now, are dangerous and uncertain. Wolff denies this, and claims that the only increase of danger is from improper controlling of hæmorrhage. He believes, furthermore, that the operation properly performed during the first year is really salutary; and also in children which have passed the first year and have not perished from the deformity, a successful operation will improve very

greatly the general health, because a normal condition of the breathing and swallowing, and in many cases of the hearing, is brought about. As to the certainty of the operation it can be assured by a proper application of the sutures.

He rejects entirely Küster's method of suture, because whatever advantage it has in increasing the length of the velum, it loses in the breadth and causes the palate to be small and stretched so that it does not fit well into the pharynx. The great advantage claimed for early operation is that the nourishment and the speech of the child are corrected at an early date when they can be of the most advantage, for these children can hope to have their speech entirely corrected as well as their nourishment improved, whereas operation performed upon older children cannot correct the faulty articulation.—*Verhandlungen der deutschen Gesellschaft für Chirurgie*, XXII Kongress, 1893.

JAMES P. WARBASSE (Brooklyn).

**V. Struma Tuberculosa.** By Prof. P. BRUNS (Tübingen). The writer finds tuberculous goitre to be very rare, and a case is not recorded where the disease has attacked the thyroid gland in the form of a large goitre. The case which forms the base of this work has been carefully studied clinically and histologically. It is of general interest, as the clinical picture was that of a malignant goitre. A goitre which before was soft and of some size suddenly becomes hard upon one side, somewhat nodular and grows rapidly, while pains appear and the neighboring glands swell. The thyroid gland was thickly beset with large tuberculous nodes—a form of thyroid tuberculosis which, excepting miliary tuberculosis, is extremely rare. Only six cases are known.—*Beiträge zur klinischen Chirurgie*, Bd. x.

**VI. Laryngectomies at Kocher's Clinic in Berne.** By O. LAUZ (Berne). This work presents a report on twelve laryngectomies done during ten years at Kocher's clinic in Berne, including total extirpation, resection and excision of soft parts. Lauz proposes the following terms: Superior laryngotomy (thyrectomy), inferior